



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Bates, et al. : Date: May 19, 2003
Group Art Unit: 2622 : IBM Corporation
Examiner: Saeid Ebrahimi-Dehkordy : Intellectual Property Law
Serial No.: 09/291,245 : Dept. 917, Bldg. 006-1
Filed: April 13, 1999 : 3605 Highway 52 North
Title: METHOD AND COMPUTER PROGRAM : Rochester, MN 55901
PRODUCT FOR IMPLEMENTING
WEB BASED DOCUMENT PRINTING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

**CERTIFICATE OF MAILING UNDER
37 C.F.R. 1.8(a)**

I hereby certify that this correspondence is
being deposited with the United States Postal
Service as first class mail in an envelope
addressed to Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450 on
May 19, 2003.


Lisa M. Plank

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PRELIMINARY AMENDMENT

Please amend the above-identified application as follows:

Docket No.: RO998-223
Serial No.: 09/291,245

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Amendment/Response Transmittal

In re application of: Bates, et al.

Group Art Unit: 2622

Serial No.: 09/291,245

Examiner: Saeid Ebrahimi-Dehkordy

Filed: April 13, 1999

Confirmation No.: 1843

For: METHOD AND COMPUTER PROGRAM
PRODUCT FOR IMPLEMENTING WEB
- BASED DOCUMENT PRINTING

Commissioner for Patents
P.O.-Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an Amendment/Response in the above-identified Application.

- ☐ No additional fee is required.
☒ The filing fee has been calculated as follows:

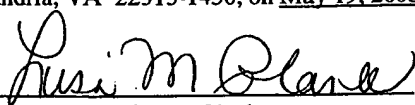
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra
Total	26	- 26	0
Independent	07	- 03	4
<input type="checkbox"/> First Presentation of Multiple Dependent Claim			

Other Than Small Entity

Rate	Additional Fee
x \$18.00=	0.00
x \$84.00=	336.00
\$280.00	0.00
TOTAL	336.00

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Lisa M. Plank

Amendment/Response Transmittal
Attorney Docket No.: RO998-223

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Request for Extension of Time:

- ☐ Applicants respectfully request a ____ month extension of time to respond to the Office Action dated ____/____/____. Please charge Deposit Account 09-0465 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

Deposit Account Authorization:

- ☐ Please charge Deposit Account No. 09-0465 in the amount of \$ _____, the Additional Fee calculated above. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0465. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. §1.16.
- ☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

By 
Grant A. Johnson
Registration No.: 42,696

Date: May 19, 2003

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